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An exploration of how the social value of small groups and projects funded by Sefton CVS, Living Well Sefton Community Resilience Fund may be measured and evidenced

Christopher Leech, Rebecca Harrison and Hannah Timpson

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AUTHORS: Christopher Leech, Rebecca Harrison and Hannah Timpson

Contributions

Project development and management: Hannah Timpson & Rebecca Harrison

Data collection, analysis and support: Christopher Leech, Rebecca Harrison and Howard Reed

Report preparation: Christopher Leech and Rebecca Harrison

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1. INTRODUCTION

The role of the voluntary and community sector in delivering activities to reduce inequalities has been recognised within recent public health policy and practice.

Voluntary and community organisations have been identified as having a central role to play in:

- tackling health inequalities
- developing healthy and sustainable communities
- helping individuals to take actions to support their own health and wellbeing
- developing community resilience and social capital

(Department of Health, 2010; NHS England, 2014; Marmot, 2010)¹

This asset-based approach builds on the 2010 Public Health White Paper ‘Healthy Lives, Healthy People’ (DH, 2010), which presented a focus on wellbeing and prevention, with a shift in power to local communities. The role of community development has been positioned as integral to improving health and wellbeing and the reduction of inequalities (NICE, 2016)². However, evidence regarding the impact and outcomes of community activities is not robustly or readily collected.

1.1 Sefton CVS, Living Well Sefton, Community Resilience Grant Programme – Programme and Process

Sefton Community and Voluntary Service (CVS) manage a range of programmes that provide support for people within the local community. These programmes differ in size and delivery, and include projects related to health and wellbeing, children, young people and families, criminal justice support, equalities and faith.

Sefton CVS ‘Living Well Sefton’s’ Community Resilience Fund was developed in late 2016. Living Well Sefton is a partnership of nine organisations, coordinated by Sefton CVS. Part of Sefton CVS’s role within the partnership is managing the delivery of the Community Resilience Grant programme. This provided organisations or individuals with the opportunity to request, through a formal bid process, small pots of funding to develop new or already existing projects. The maximum grant that could be received was £2,500 for groups and £500 for individuals.

At the time of the fund being developed, there was no formal process in place to measure the value and impact of the projects being delivered. This is because it was recognised that there is an evaluation burden placed on small groups/projects by funders, and therefore the application and monitoring process is deliberately kept as simple as possible, enabling smaller organisations to access the funding. The Public Health Institute (PHI) looked to see how they might support Sefton CVS to implement monitoring and evaluation tools, in order to measure and evidence impact of these organisations/individuals.

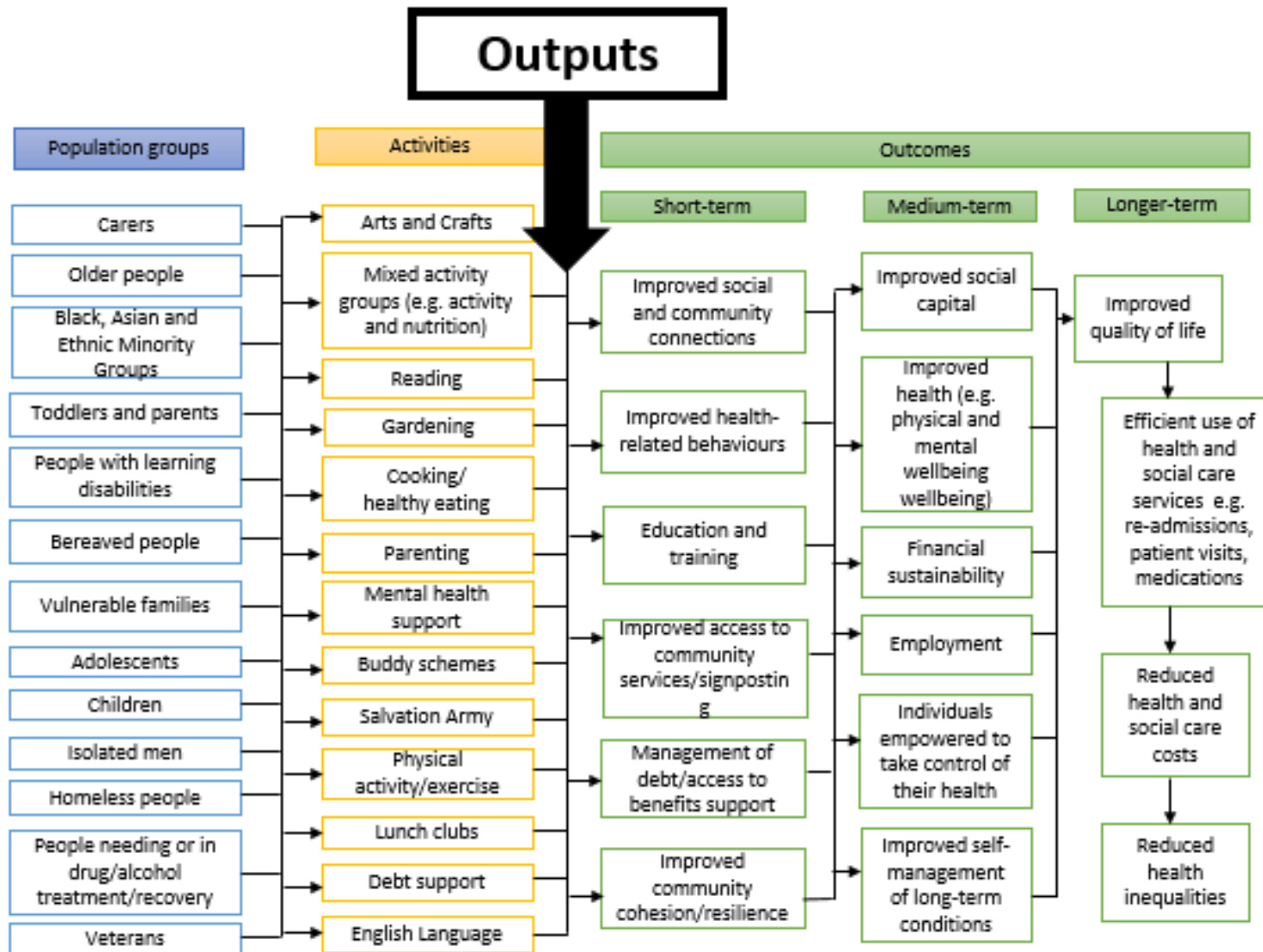
¹ Department of Health (DH) (2010). Healthy Lives, Healthy People. Available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>
Marmot, M. (2010). Fair Society, Healthy Lives. The Marmot Review. Available from: <http://www.instituteofhealthequity.org/>
NHS England (2014). Five Year Forward View. Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² NICE (2016). Community engagement: improving health and wellbeing and reducing health inequalities. Available from: <https://www.nice.org.uk/guidance/ng44>

In late 2016 the first tranche of funding was awarded. PHI was provided with details of 25 projects that had been awarded funded and used this information to develop a logic model (McCawley, 2001)³ to identify the key activities, outputs and outcomes experienced by those engaging with these projects. (Figure 1).

³ McCawley, F. P. (2001). The Logic Model for Programme Planning and Evaluation. *University of Idaho Extension, 400 (10-01)*, 1:5.

Figure 1: Sefton CVS Programme Logic Model



In early 2017, the second tranche of funding was bid for and awarded. This included three programmes that were willing to engage with piloting the new online tool. Each group was invited to take part in a process evaluation interview then decide if they felt the tool was applicable for them. These programmes were:

MobileCraft4U

This project aims to deliver a very positive, creative and memorable impact in terms of emotional wellbeing by engaging people to learn an art or craft skill and produce a piece of artwork. The beneficiaries are disadvantaged groups in the community, in particular those who have been affected by ill health (physical or mental), the socially isolated and carers. This programme consists of three courses of six sessions. Each session lasts three hours and takes place once a week and is limited to 18 people in one session.

People First

This project operates as a steering group and voice for people with learning difficulties. This project reaches out to new members via the Feel Good Factory. The project provides opportunities to try new experiences as a community, in a safe environment with support staff. The steering group meets weekly and makes collective decisions to partake in activities at other points. Activities are varied and are not aimed specifically at those from the learning disability community.

Ainsdale Community Centre (ACC)

This community centre is operated nearly entirely on the support of volunteers and the community centre offers a wide range of activities for anyone that wishes to visit. ACC received funding to landscape unused wasteland at the rear of the property and from this it was hoped a gardening club would be created to maintain this land. ACC hoped that gardening will reduce isolation, develop skills, support people with learning difficulties providing a hobby, and allow for skill sharing. The community centre operates seven days a week and allows for anyone to assist in the landscaping of the garden at any point, the official 'Gardening Club' was designed to operate in a similar fashion.

It emerged during the process evaluation that the 'Gardening Club' project was not fully operational. As such, the development of the programme was discussed in line with the rest of the work that the community centre did.

After these **initial** process evaluations were conducted MobileCraft4U and decided to engage with the tool further. However, time elapsed so that another tranche of funding was released and three further projects were added to the pilot and engaged in a process evaluation interview and demonstration of the tool before using it to collect data. These projects are:

Finding the Light Foundation

This project is a Lesbian, Gay, Bisexual and Trans (LGBT) support group that worked with organisations and families surrounding homosexuality and Trans journeys. The group focuses on providing support, seminars and groups across the Sefton area providing information and guidance on engaging with members of LGBT community. The organisation stated the focus was on acceptance, spirituality and understanding to help those going through, or being involved with someone who is going on a Trans journey. Monthly group sessions were added to the schedule, which are funded by the Living Well Sefton grant.

Brighter Living Partnerships - Brighter Mondays

Brighter Mondays is a 16-week programme run by the Brighter Living Partnerships that benefit people who are struggling to stay independent because of health issues or because they are isolated through loss of a family members and aging. During the 16 weeks, the programme runs a variety of activities, from art & crafts, healthy eating, learning coping skills, physical activity sessions and many more. This programme runs for two hours on a weekly basis.

Fibromyalgia and Chronic Fatigue Syndrome (Myalgia Encephalopathy) Information Southport

An individual grant of £500 was awarded to Fibromyalgia and Chronic Fatigue Syndrome (Myalgia Encephalopathy) Information Southport, which focuses on providing information and support to individuals suffering from the condition. The founder felt that there was very limited public knowledge of the condition and there is not enough to support those with the condition in terms of peer-support and shared experiences. As such, this information group works with organisations and individuals in an advocacy capacity and provides group or one to one support about managing the symptoms of the condition. The sessions are weekly drop-ins that last for up to two hours and have regular attendees.

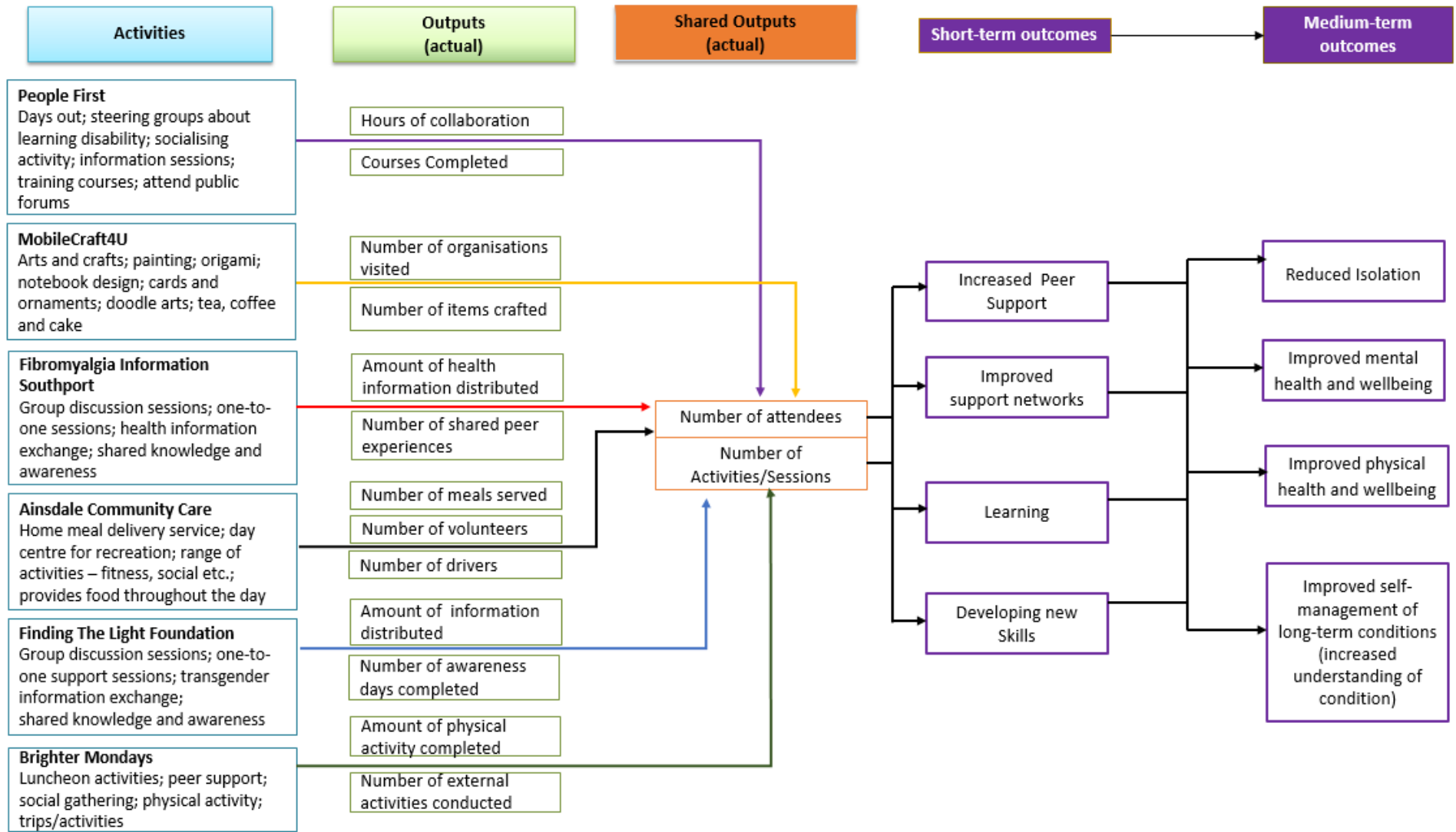
After this second tranche of process evaluations were conducted Brighter Living Partnerships - Brighter Mondays also engaged with the tool further.

When all the process evaluations were completed a second logic model (See Figure 2) was produced. This identified the activities associated with the six programmes, as well as key outputs and a number of short and medium term outcomes. It was also possible to identify some of the key measurements that each of the organisations took (Table 1).

Table 1: Measurements currently taken by each organisation

Organisation	Measurements taken
People First	<ul style="list-style-type: none"> • Own Database • Hard Output Data • WEMWBS • Case Studies • Photo Evidence • Local Recognition
Mobile Craft4U	<ul style="list-style-type: none"> • Case studies • Feedback Sheets • Quotes • Face-to-face comments • Hard Output Data (Number of people etc.)
Fibromyalgia Information Southport	<ul style="list-style-type: none"> • Comments book
Ainsdale Community Care Gardening Group	<ul style="list-style-type: none"> • Case studies • Attendance Data
Finding the Light Foundation	<ul style="list-style-type: none"> • Excel Case Tracker • Feedback on Social Media • Feedback Sheets
Brighter Living Partnerships - Brighter Mondays	<ul style="list-style-type: none"> • WEMWBS • Feedback Sheets • Testimonials/Case Studies

Figure 2: Logic model for six programmes included in the pilot



1.2 The Integrated Monitoring System (IMS) Tool

To help these projects evidence the more immediate health and wellbeing impacts, a secure web-based monitoring tool was developed, that built upon the Integrated Monitoring System (IMS) currently used by the Monitoring and Intelligence Team at PHI. The IMS tool currently records non-structured interventions within drug and alcohol services throughout Cheshire and Merseyside, it was suggested this could be adapted to support the generation of health, wellbeing and social value outcomes to evidence the impact of programmes being delivered by Sefton CVS.

It was hoped that the tool would enable projects to collect relevant data and embed a standardised set of indicators, including the WEMWBS (Tennant *et al.*, 2007)⁴ and UCLA Loneliness Scale (Russell *et al.*, 1978)⁵ validated measures and a number of other key questions (Figure 3, Appendix 1) that measure and evidence key outcomes and build up a picture of the cohorts of individuals engaging with the programmes.

Figure 3: Questions asked by the IMS tool



The tool was implemented electronically in the form of an online data capture form with individual projects responsible for capturing their own data.

⁴ Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5:63, 1-13.

⁵ Russell, D., Peplau, L. A., Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.

2. WHAT DID WE DO?

A mixed-methods approach incorporating both qualitative and quantitative methods was undertaken to provide a robust evaluation.

Ethical approval was granted by Liverpool John Moores University Ethics Committee (ethics reference: 17/PBH/014).

2.1 Activity and analysis

2.1.1 Incorporation of the online tool

Integrated Monitoring System Data

The staff members in charge of delivering each programme were provided with a demonstration of how to use the IMS tool along with a specific database and login information to use the system. The programme leaders then collected the data from participants, this data was then filtered and downloaded with no identifiable data for analysis.

The data collected included demographic data; gender, date of birth, ethnicity, and nationality. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant *et al.*, 2007)⁶ was used as a means for measuring wellbeing. One of the features of this scale is that it cannot be completed any more frequently than every two weeks, and ideally needs a baseline, mid-point and post measurement for accurate and reliable analysis.

The University of California, Los Angeles (UCLA) Loneliness Scale (Russell *et al.*, 1978)⁷ was used to measure perceived loneliness in programmes that sought to reduce social isolation. There were no restrictions in the frequency this measure can be taken, however, it was logical that the measure be taken at baseline, mid-point and post programme.

Please note: Although six groups engaged with the tool initially, data collection was limited, with only Brighter Living Partnerships – Brighter Mondays collecting evidence of their social value. Findings relating to the feasibility and practicalities of small groups collecting data are detailed in Section 3.

2.1.2 Process evaluation interviews

There were a total of six process evaluation interviews that took place with a total of seven participants - five individual interviews and one paired interview. These aimed to capture how the programmes, as noted within the introduction are conducted, operated and met their current outcomes. It is important to highlight the research methods used surrounding each interview:

The first three interviews took place from September to November 2017; whilst interviews 4 to 6 took place in March 2018.

All interviews were transcribed verbatim and analysed using rapid framework analysis to investigate the programmes in detail from the interview transcripts.

⁶ Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5:63, 1-13.

⁷ Russell, D., Peplau, L. A., Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.

3. WHAT DID WE FIND?

3.1 Qualitative analysis

3.1.1 Interview findings

Upon analysing the content of the interviews there were several key and recurring themes that emerged. These themes and illustrative quotes are detailed below.

Theme	Quotes
<h4>1. BACKGROUND AND DEVELOPMENT OF PROGRAMMES</h4>	
<p><i>Project development and design</i></p> <p>Across the programmes, it was clear that they were designed utilising the expertise and knowledge of the founder(s). One of the primary motivations in the development of the programmes was the founder(s) personal experiences with poor wellbeing and social isolation. Each founder described a time when they used a service or creative medium to help them through a difficult time and wished to provide a similar service for people facing the same challenges.</p> <p>The programmes were further built upon by looking at existing services and asking service users what was missing from those services and how this could be improved in the future.</p> <p>As the programmes were built from the personal experience (the founder(s) and feedback of service users), each programme leader expressed a high level of passion for what they were doing and this was seen to enhance the programmes.</p>	<p><i>“...we always have meetings and people see things going on and say I’d like to try that – it’s basically from the years of experience we have with working with our members and hearing them say I’ve never had the chance to do that.” (Participant 2)</i></p> <p><i>“...since the project started, people are interested and we’re opening it next year. It’s not completed yet so it’s a work in progress obviously. And we’ve got a publicity board where we’ve got progress of how it started, you know, before and after pictures and how it’s happening now.” (Participant 4)</i></p> <p><i>“We’ve had these conversations and just helped people, because they’ve thought ‘I’m on my own here. I’m isolated’. A lot of transgender people do feel nobody really understands them. Only the people who understand them are the ones going through it.” (Participant 5)</i></p>

<p>It was also noted that the programmes did not directly highlight any specific scientific evidence to support the programs in operation. For example, programmes may have stated that they were operating because a given activity is known to improve wellbeing. The reasoning behind this once again related to the personal experience of the founder(s) who experienced changes in wellbeing. Participant 6 noted some evidence relating to the ‘five ways to wellbeing’ but this too developed from another programme and adopted into the present programme.</p>	<p><i>“It’s based loosely on the five ways to wellbeing, it was recognised in the area where we work, that there was a lot of social isolation and people were wanting to get involved in things, and sometimes the individual very specific programmes weren’t suitable for them. Really, it grew out of a luncheon club that we ran on a Thursday where people came together and had lunch together and then had a chat or some kind of activity. So, we developed it based upon the success of that group.” (Participant 6)</i></p>
<p>Aims and objectives</p> <p>While the programmes represented and delivered a diverse range of activities it was noted that there were several overlapping aims and objectives across all the programmes.</p> <p>Across the programmes improving wellbeing and reducing social isolation were the overarching outcomes. Increased knowledge, peer support, and developing/improving skills in for example, arts and crafts were all outcomes that were said to be experienced by individuals engaging with the services.</p> <p>The main measurable output focused on across the programmes was the number of people attending sessions and interacted with the services. Dissemination of health information was also quite common.</p>	<p><i>“..one of the main aims after the six weeks is that their wellbeing is going to be increased...when they start doing something creative and something different they are releasing endorphins and it’s just a feeling good factor...most of the people are feeling isolated at their houses and they get then a sense of purpose every week, they make new friends, form friendships about the groups that they are in. They have a sense of fulfilment and accomplishment. They usually go to share their skill with people, family or friends.” (Participant 3)</i></p> <p><i>“Specifically we look at improving mental wellbeing. We use WEMWBS and also to try to take down some of the barriers around engagement. So, this particular group, so they’re eliminating their social isolation and really to give them the independence and confidence to access other activities in the community both, within our centre, but outside as well. So, we try to have routes going on to other things in the community as well and often the individual participants will make friends, and they discover they can go off and do activities with each other without the support of the facilitators so that is really the ultimate aim.” (Participant 6)</i></p> <p><i>“An one day, what we’re hoping for, our main goal is to have a centre, like this [A Community Centre] where we can have hairdressing, beauty, all under one roof. We can have social activities like in a hall, you know bringing the community together such as other lonely people, and the elderly together. That’s the</i></p>

	<p><i>viewpoint we're reaching for, but the main focus is working with transgender people." (Participant 5)</i></p>
<p><i>Difference to current provision</i></p> <p>The programmes typically acknowledged the wide variety of community activities and support that was readily available, which also may have a focus upon wellbeing and isolation amongst the target populations. Each programme did, however, highlight that it offered unique insights from the experience of the founders or the range of activities and practical elements it could provide, such as location and resources.</p>	<p><i>"Well, we don't have another, people doing what we do. And people usually concentrate on just one craft....we give them the chance to do something different every week and that is not that difficult and we always have beautiful results. For example with a lady who hadn't done crocheting was like 'it's a little bit tricky to do at the beginning' to get those skills, the same goes to painting and drawing. It's something that it's still good for them...." (Participant 3)</i></p> <p><i>"They [transgender people] have gone to a number of places that have supposedly given the support for transgender people, like support groups and things. But they do, again, tend to be political. You get into political conversations and they think well I'm here because I need support and they haven't had it. So that's why Find The Light Foundation is going to be there." (Participant 5)</i></p> <p><i>"What else can we put in the mix for our pain service? And one of them was the support of Chronic Pain sufferers, helping Chronic Pain sufferers." (Participant 7)</i></p>
<p>2. PROGRAMME PERFORMANCE: OUTCOMES MEASUREMENT</p>	
<p><i>Changes and associated outcomes</i></p> <p>All the programmes believed they were hitting the primary outcomes and stated that this was evidenced through observing changes in individuals throughout the course of a programme. This may be the completion of a project or task; but could have included the fact that participants are engaging with other services or other participants as a result of the programme they are attending. Anecdotally programme facilitators said they have witnessed improved wellbeing and changes in attitude. They also attested to participants highlighting the worth of the programmes to facilitators.</p> <p>Programme facilitators also discussed the number of beneficiaries of the programme. They felt that while there was a direct benefit for</p>	<p><i>"We've had nothing but positive comments really. And the atmosphere is lovely as well, people are chatting, it's very welcoming. And other members will welcome new people, which is great. People want to volunteer because people feel they are giving back to the community." (Participant 4)</i></p> <p><i>"With open arms and delight, and actual tears. Because they say, I'm so lucky to have found what you're providing, an obviously you know I don't charge anything, an all I do is let them know that You're not on your own and anything you want to ask, just ask because nothing is off the table." (Participant 7)</i></p> <p><i>"Well, it's been well received but to be honest I think we can do better. Because there are lot places that we haven't been yet for example; Crosby and Bootle and we have concentrated, it's basically too far. You know, it's just [name] and me at</i></p>

<p>participants relating to the programme outcomes, some unintentional outcomes relating to participants engaging with alternative services/programmes and improved social relationships were also evident.</p> <p>The programme facilitators discussed that those closest to the participant of the programme, e.g., partner/family/friends, also benefited from the programme. This can be directly (where said person takes part in the programme session) or indirectly (where activities can be replicated outside of the programme or benefiting from the participants improved wellbeing).</p> <p>The local community (geographically) and the community (population engaged with the programme) were also seen to benefit from the programmes. Overall it was believed that this was due to the reduction of isolation, bringing groups of people together, integrating said groups with other members of the local community and the sharing of information.</p>	<p><i>the moment because [name] is doing her nursing degree. And she's more like a silent partner, but we could do better definitely.” (Participant 3)</i></p> <p><i>“Well, excellently. The proof is in the fact that we always had a waiting list and people are very interested in getting their friends to come and join and we have a lot of interest from – we have people, professionally signposting regularly to the Brighter Mondays Programme. That includes, GPs (general practitioners) we work with, and other providers within the community sector. I know both from the participants’ point of view and also those referring into it, it’s highly regarded and well received.” (Participant 6)</i></p>
<p>3. FUTURE OF THE PROGRAMMES CURRENT MEASUREMENT AND THE OUTCOME MEASUREMENT TOOL</p>	
<p><i>Barriers, challenges to measuring outcomes</i></p> <p>Five out of the six programmes agreed that funding was the principle barrier in delivering and maintaining programmes. It was made obvious that a funding loop is quickly formed. To get funding, programmes of all sizes must identify their outcomes and outputs and evidence them. In cases where programmes are facilitated by a small number of people, evidence collection was quite difficult, thus making it harder to get funding. A lack of funding was seen to have negative impacts with participants from vulnerable populations possibly no longer being able to attend programmes. Concerns around funding were also that</p>	<p><i>“A couple of barriers, an obvious one – funding. We have had funding in the past – specific funding around social inclusion but it tends to be short lived pots of money but what we’ve tried to do is make it sustainable by working it into our Living Well Sefton Brighter Living partnership as a Living Well Sefton partner to very much work it into that work plan so that even if we don’t get external funding we can run the bare bones programme. External funding helps us provide a wider range of activity because we can pay for providers to come in and deliver that. We do try to provide a lot of it through internal sources. So that funding barrier is come to, you know all projects.” (Participant 6)</i></p> <p><i>“The problem always is to find the funding. Because we do it for free, it’s a service we want to keep doing it at no cost for the people that are participating. It is</i></p>

<p>programmes would only be able to engage with smaller numbers of participants or programmes potentially being shut down entirely.</p> <p>Collecting data was considered a difficult task across all programmes. Often ad-hoc means were used to collect data such as comment books, or feedback sheets to gather responses and feedback. Participant 6 in particular did say that they used WEMWBS as part of their data collection. This feedback often consisted of individual cases of change and provide some documentation, often qualitative, about the effect of the programme. The programmes also acknowledged that they can collect better evidence. Because of the funding loop, programmes know they need to do more evidence collection but often were not sure what exactly to collect or how.</p> <p>Another prominent barrier was around data collection. Programme facilitators noted that it can be hard to get participants to complete feedback and data. It was felt that it took their attention away from delivering their programme and there were also issues surrounding data protection and storing the data. It was also commented upon that some of the groups were considered vulnerable and therefore it may not be appropriate to ask them to complete such information.</p>	<p><i>increasingly difficult getting funding. We just, every time that the funding comes across, we just try to apply. But, you know we've had many rejections in the last few months. We're hoping we're going to get some grants in the next few months to carry on." (Participant 3)</i></p> <p><i>"We applied to Tesco bags for help, initially last year to create a community garden because there's a space of wasteland at the back and we thought to create that into a garden...Ok, so we came first and we got £5,000 to kick start that project off... it's a slow start but the money was supposed to go towards that to create that club so people would come along...." (Participant 4)</i></p> <p><i>"Trying to get funding for this, every door – even the National Lottery – No. They (National Lottery) have only started giving money to LGBT groups in the last two years. So it shows there's even a barrier in a big organisation like that." (Participant 5)</i></p>
<p><i>Outcome Measurement Tool</i></p> <p>There was a mixed response to the outcome measurement tool. Participant 7 who it was not possible to demonstrate the online tool to due to time constraints of the project questioned how effective the tool would be for their programme and how resource intensive it would be.</p> <p>Participant 4, whilst not receiving a demonstration suggested that the tool could be used effectively but considered the technical literacy of programme service users and again thought that having a specialist volunteer or member of staff to collect data would be required.</p>	<p><i>"I'm not too sure, to be totally honest I'm not too sure. I don't know." (Participant 7)</i></p> <p><i>"We used to use a type of monitoring – the Rickter Scale it was called so if people are willing to partake in a survey then probably it would help... Once a quarter I think would be a good idea for members. Because situations often don't change in that period of time so." (Participant 4)</i></p> <p><i>"...we've got our own ways of collecting data at the moment and we've actually spent the last 12 months really improving the way that we do that and we've been gathering our own database...So it would depend what that new tool would do for us. If it would complement the tool we've already got, if it would save time in any</i></p>

Participants 1 and 2 decided there was merit to the online measurement system, however, their programme had recently adopted a new database system for collecting data. As such, it was decided that the tool would not be optimal for them, it was also again noted the technical literacy and understanding required for using the online tool may be a barrier.

The other three programmes (whom had demonstrations of the tool) offered similar thoughts. The merit of the online tool was apparent, but issues around resources and capturing data and how proficient participant populations are with digital technology, and actually having the technology and internet connection was also apparent. Some venues for activities do not require internet and thus getting connected could be a challenge.

With these potential issues aside, those who did have the chance to see the system and engage with it saw the opportunity to capture data in a new and reliable way that could enhance feedback, improve programmes and help with future funding.

way – that would be another way it would be useful. If it's just a case of repeating what we're already doing then no it wouldn't." (Participant 1)

"When I go to [University Name] in April, that will be when the tool is used mostly, because I'll be doing the staff first then it will be the students, and there's 3,000 students there so, whoever comes to me from that I don't know how it's gonna work." (Participant 5)

"Definitely it will be useful, it's better to have a proper way of recording instead of having thousand pieces of paper with feedback. It is better to have it all in the same programme." (Participant 3)

"That's another thing I wanted to tell you because it's gonna be quite hard to fill the questionnaire in online. So I wonder if we could have the questionnaire in Word so that I could print and take to the sessions." (Participant 3)

"Yeah, an the main issue for us is for this particular cohort is mostly people unfamiliar with technology. So we require paper copies and we would need to feed them in to the online format." (Participant 6)

4. SUMMARY OF THE FINDINGS

While the six programmes were diverse in their operations there were a number of mutual outcomes, ideas and thoughts about their processes and the online tool that overlapped. As such, the summary points below do not attempt to consider the individual nature of the programmes but instead aim to highlight these overlapping areas.

- **The project aims:** All of the programmes focused on helping vulnerable populations within a local community setting. Each had been established and had identified their programme aims and outcomes from their own personal experiences and interactions with other services and service users. These aims included changes in wellbeing, levels of isolation, levels of activity, peer support and engaging with new skills/experiences.
- **Challenges/barriers:** Each of the organisations discussed that funding was a common barrier/challenge they encountered. With reference to the funding loop as above these smaller organisations find themselves locked in a cycle of trying to deliver programmes to those most in need; while, simultaneously attempting to capture data that illustrated the impact and change of the programme. This evidence was then needed to procure more funding to keep the service going. The programmes evaluated here all demonstrated their ability to collect data, albeit from ad-hoc sources this still helps present the impact of services.
 - The geographical area and wider governmental/local council funding were also seen as challenging. Across Sefton, facilitators suggested there have been several cuts to local funding that have affected many services, particularly the number of community spaces available. As these spaces reduce, competition for usage intensifies. Programme facilitators also commented on the fact that working with vulnerable populations from deprived areas also presented challenges. Reaching out to people who are socially isolated and increasing the awareness of the group/programme – without the means to advertise – was considered particularly challenging.
 - Data collection was also seen to be challenging. When one or two members of staff are facilitating a session that runs for a limited time (1 to 2 hours for example) it is hard to find time to collect the data within that time. Furthermore, to collect data that is both reliable and detailed requires attention from staff, and many of the programmes considered having a staff member/volunteer that specifically captured data at sessions would be the best course of action. This would of course require funding for a dedicated member of staff.
 - Many of the programme facilitators did champion the small grants funding Sefton CVS provided. While it is still competitive and requires evidence, it was felt that the small grants were tangible and attainable pots of money for smaller organisations and would encourage Sefton Public Health to continue to support this funding.
- **Identifying and measuring outcomes:**
 - It was clear that all of the organisations have well developed relationships with their members/service users. All of the organisations felt that their programmes had led to positive outcomes, e.g., improved levels of wellbeing, increased activity levels, reduced social isolation and the development of new skills/knowledge. Consideration was also give

to potential unintended (positive or negative) outcomes that may be experienced by members/service users, e.g., individuals engaging with other people outside of the programme, use of other external programmes, and negatively – the loss of materials.

- All of the organisations were seen to measure their outcomes to varying degrees due to the differing nature of the organisations. Feedback questionnaires, case studies, demographic and attendance data were commonly collected across all of the organisations. One organisation had a newly installed database programme that had been developed over 12 months to facilitate data capture.

- **Integrated Monitoring System:**

- Despite only one project (Brighter Living Partnerships – Brighter Mondays) submitting data, the process evaluation interviews highlighted that in theory all organisations saw the merit of an online tool to enhance data capture and reporting – placing particular emphasis upon the importance of developing / collecting evidence to support bids for funding. Practically, however, the majority of the projects/individuals did not use the tool.
- The organisation that already has a database in place suggested that the tool still had merit, but was less applicable to their service. They did, however, comment that the addition of the loneliness scale was beneficial to them.
- The other organisations felt that the online tool would vastly improve their outcome measurement and data capture. Several of these organisations, however, highlighted that using the active tool would not be the best way to utilise their programme time and instead suggested that taking paper versions of the questionnaires and entering the data manually would be best for them.
- The resources required to operate the tool (training, staffing, time) was questioned by all organisations. It was felt that as it was a new system being introduced it would require staff to be trained to use the system. The nature of the tool that it needs to be done one-by-one with service users/members and the amount of time this might take was considered as a potential drawback to using the tool. It was suggested by one of the organisations, however, that service users could complete the questionnaires themselves or using multiple devices at one time to complete the data.

4. CONCLUSIONS AND RECOMMENDATIONS

Overall, it is clear that the programmes Sefton CVS are funding with the small grants funding are well received by participants of programmes. The programme facilitators all referred to the feedback they receive from programme participants through limited data collection and case studies that have been conducted. It is important to highlight that those involved in delivery of the programmes and the participants are among those best suited to conclude the effectiveness of each programme and the benefits to health, wellbeing and social inclusion. As such, it is important to note these recommendations do not comment on the delivery or design of the programmes specifically but consider how evidencing these outcomes can be better achieved to allow a full illustration of the impact these programmes have had on individual participants.

There are several recommendations which may be made in relation to the programmes detailed here and wider programmes that are funded by Sefton CVS and the data these programmes collect going forward:

Evidencing the impact of the Sefton CVS, Living Well Sefton, Community Resilience Grant Programme: Robustness of data collection

Data Completion: Across all six of the programmes it was clear that there is some level of data collection. It would be recommended that, particularly in relation to quantitative measures that data be completed in a holistic way (even for attendance and demographic data). While incomplete sets of data do have value, if it can be ensured full data sets are collected this could be included in a fuller analysis of data. This would help add to the already existing qualitative evidence base, which can also be enhanced, and contribute to the widening, developing evidence around the programmes. It is vital to acknowledge the difficulties data collection can cause programme facilitators.

Data Set Collection: When considering the programmes in their entirety, it is important to ensure all programmes have had the same opportunity and means available to evidence their impact, especially in accordance with the original programme aims. It would be recommended that to ensure reliable and robust data measures be taken at baseline, mid-point, end-point and potentially a post-programme. If interacting with previous service users is possible. For example, with the 16 week Brighter Mondays programme; at weeks 1 or 2 (baseline), 8-10 (mid-point) and 15-16 (end-point) at the least. Tools such as the WEMWBS and Loneliness scales should not be completed more than once in a two-week period.

It was evidenced from this exercise that whilst the premise of collecting data was seen to have merit, there is a real practical issue for small groups to collect data. This was evidenced by the fact that only one group actually trialled the IMS tool. It is therefore important that any expectations around data collection need to be realistic and in line with the requirements of the projects and the resource that they have available. Placing emphasis upon data collection at the onset of funding processes has the potential to place a burden on very small groups that may deter them from applying for funding. It is still a recommendation, however, that projects do try to collect some form of evidence of the social value and impact that they are having upon those who engage with their service and also the wider community in which they sit; and that this be done in a robust way.

Other activity: It would not pay dividend to ignore the other elements programmes incorporate. Building skills, dissemination of information about health or otherwise and other impacts of gaining experience and peer support all deserve consideration for understanding impact. Further investigation needs to be undertaken around these elements of the programmes to establish the impact/usefulness within the context of each group, but also the value this information has to participants outside the programme setting with regards to additional beneficiaries. It is noted that to attempt to measure this information is not a direct feature within the online tool, however, the ability to capture some qualitative feedback around these elements is possible, and this could be investigated further.

5. APPENDICES

Appendix 1: Data Collected by the IMS tool, including wellbeing and loneliness scales.

Demographics:

Client Reference

First Name*

Surname*

Gender*

Date of Birth*

(* These fields must be filled in, with at least one character, so full names do not have to be given.)

Ethnicity

Nationality

Wellbeing:

Date:

I've been feeling optimistic about the future

None of the time

Rarely

Some of the time

Often

All of the time

I've been feeling useful

I've been feeling relaxed

I've been dealing with problems well

I've been thinking clearly

I've been feeling close to other people

I've been able to make up my own mind about things

Loneliness Scale:

Date:

1. How often do you feel that you are "in tune" with the people around you?

Never

Rarely

Sometimes

Often

2. How often do you feel that you lack companionship?

3. How often do you feel that there is no one you can turn to?

4. How often do you feel alone?

5. How often do you feel part of a group of friends?

6. How often do you feel that you have a lot in common with the people around you?

7. How often do you feel that you are no longer close to anyone?

8. How often do you feel that your interests and ideas are not shared by those around you?

9. How often do you feel outgoing and friendly?

10. How often do you feel close to people?

11. How often do you feel left out?

12. How often do you feel that your relationships with others are not meaningful?

13. How often do you feel that no one really knows you well?
14. How often do you feel isolated from others?
15. How often do you feel you can find companionship when you want it?
16. How often do you feel that there are people who really understand you?
17. How often do you feel shy?
18. How often do you feel that people are around you but not with you?
19. How often do you feel that there are people you can talk to?
20. How often do you feel that there are people you can turn to?

Each questionnaire has the same responses throughout.

